

PERSONAL FINANCIAL DISCLOSURE**"TIER 2.1"****LSA-R.S. 42:1124.2.1**☒ ORIGINAL REPORT☐ AMENDED REPORTThis Report Covers Calendar Year 2008Name of Board or Commission England Economic & Industrial Development District; LSU Board of Supervisors (ending 7/08)Full Name of Filer: Charles S. Weems IIIFull Name of Spouse: Laura J. WeemsMailing Address: P.O. Box 6118

Street

Alexandria

LA

Apt. #

71309-6118

City

State

Zip Code

Spouse's Occupation: interior designer

Spouse's Principal Business Address, if any:

2710 Georges Lane

Street

Alexandria

LA

Suite #

71301

City

State

Zip Code

Select One: ☒ (A) I certify that I have filed my federal income tax return for the previous year.☐ (A) I certify that I have filed for an extension of my federal income tax return for the previous year.Select One: ☒ (B) I certify that I have filed my state income tax return for the previous year.☐ (B) I certify that I have filed for an extension of my state income tax return for the previous year.

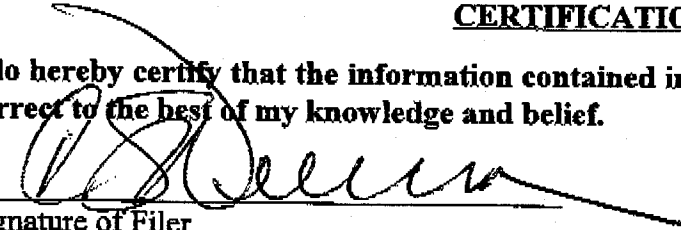
☒ I do hereby certify that neither I nor any member of my immediate family has a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties.

OR

☐ I have attached a statement describing each conflict and action I am taking to resolve or avoid this conflict.

CERTIFICATION OF ACCURACY

I do hereby certify that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge and belief.


Signature of Filer

SCHEDULE A EMPLOYMENT INFORMATION

☐ Check if Not Applicable

Please disclose the name of the employer, job title, a brief description of the job description for each full-time or part-time employment position held by the individual or spouse.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name Gold, Weems, Bruser, Sues & Rundell APLC		Job Title President	
Job Description Attorney			
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse		<input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time	
Employer Name self-employed - Laura Weems Interiors		Job Title N/A	
Job Description interior design			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name		Job Title	
Job Description			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name		Job Title	
Job Description			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name		Job Title	
Job Description			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Employer Name		Job Title	
Job Description			

SCHEDULE B
INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,
AND/OR GAMING INTERESTS

☒ Check if Not Applicable

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business	Amount of Income \$ _____
Name of Business, if applicable _____	
Name of Source of Income _____	
Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address _____	
Street _____	Suite # _____
City _____	State _____ Zip Code _____

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business	Amount of Income \$ _____
Name of Business, if applicable _____	
Name of Source of Income _____	
Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address _____	
Street _____	Suite # _____
City _____	State _____ Zip Code _____

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Business	Amount of Income \$ _____
Name of Business, if applicable _____	
Name of Source of Income _____	
Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest	
Address _____	
Street _____	Suite # _____
City _____	State _____ Zip Code _____

SCHEDULE C POSITIONS - BUSINESS

☐ Check if Not Applicable

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, officer, owner, partner, member, or trustee, AND in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business.

Note: For this page ONLY, the "amount of interest" must be reported as a percentage figure.

<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Both		Amount of Interest 100 %	
Name of Business <u>Laura Weems Interiors</u>			
Address <u>2710 Georges Lane</u>			
Street		Suite #	
<u>Alexandria</u>		<u>LA</u>	
City		State	
		Zip Code	
Business Description <u>interior design</u>			
Nature of Association <u>sole proprietorship</u>			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		Amount of Interest _____ %	
Name of Business _____			
Address _____			
Street		Suite #	
_____		_____	
City		State	
		Zip Code	
Business Description _____			
Nature of Association _____			
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		Amount of Interest _____ %	
Name of Business _____			
Address _____			
Street		Suite #	
_____		_____	
City		State	
		Zip Code	
Business Description _____			
Nature of Association _____			

SCHEDULE D **POSITIONS - NONPROFIT**

☐ Check if Not Applicable

The name, address, brief description of, and nature of association with a nonprofit organization in which you or your spouse is a director or officer.

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization Louisiana State Law Institute		
Nature of Association legislatively created body for law reform		
Address	LSU Law Center	Room W127
	Street	Suite #
	Baton Rouge	LA
	City	State
		Zip Code
Organization Description statutory entity for law reform and legislative projects relating to Louisiana law		
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization Tiger Athletic Foundation		
Nature of Association non-profit corporation		
Address	Maravich Assembly Center, LSU	
	Street	Suite #
	Baton Rouge	LA
	City	State
		Zip Code
Organization Description fund raising and support for LSU		
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse		
Name of Organization LSUA Foundation		
Nature of Association non-profit corporation		
Address	LSU at Alexandria 8100 Hwy. 71 South	
	Street	Suite #
	Alexandria	LA
	City	State
		Zip Code
Organization Description fund raising and support for LSUA		

SCHEDULE E

OTHER OFFICES/POSITIONS

☒ Check if Not Applicable

Please set forth below any and all other office/positions held which would trigger a filing under Section 1124.3 (Tier 3) of the Code of Governmental Ethics.

NAME OF POSITION OR OFFICE HELD:

[illegible]